psoas abscess the incision may be made either in front of the anterior iliac spine or in the lumbar region. Here, of course, the question of the most dependent opening does not arise. Our object is to get an opening which will give the best access to all parts of the cavity, and, if the abscess has passed into the thigh, an incision in the neighborhood of the anterior superior iliac spine is probably the best; if it be still in the abdomen, a lumbar incision has been looked on as the best, both as regards dependency and distance from sources of contamination, and has been advocated as enabling the surgeon to get at and remove the diseased bone. This last point is not of much importance, because sequestra are much rarer in these cases than caries of the surface, or caseous deposits in the bone, and these cannot be at all thoroughly dealt with by any method. In lower cervical, dorsal and lumbar abscesses the best treatment is free incision into the external portion of the abscess with removal of the wall, and then dilatation of the channel leading to the bodies, scraping, injection of iodoform, and subsequent accurate closure by stitches.—*British Medical Journal*, December 31, 1892.

CHEST AND ABDOMEN.

Thirty-eight Cases of Excision of the Rectum for Cancer. By J. HARRISON CRIPPS, F.R.C.S. (London). (Concluded from page 377.) CASE IV. *After Six Years.*—T. H., aged sixty-two years, was admitted into St. Bartholomew's in August, 1885, and I removed the last three inches of the bowel for adenoid cancer. He was again admitted, three months later, with a slight recurrence in the form of a small nodule in the lower part of the wound, which was removed. The patient was lost sight of till 1891, when he came to see me at the hospital. He stated that he had been quite well till within a few weeks previously, when he noticed a little blood with his motions. I found a small crack in the cicatricial tissue in the middle line behind. I was in some doubt as to the nature of this, and thought it probably a slight traumatism from a hard motion. I gave him some astringent ointment, and he promised to see me again, if not better, in a few weeks.

CASE VII. *After Twelve Years.*—Miss D., aged forty years, a patient of the late Dr. Matthews Duncan, was operated upon by me, assisted by Mr. Butlin, in July, 1880. About three inches of the bowel was removed, involving nearly the whole circumference, but a narrow strip was left. As in the former cases, contraction was considerable trouble at first, but ceased to be so after two or three years. The patient now leads an active life, has good control, and has remained perfectly well from the date of the operation to the present time (somewhat over twelve years).

It will he seen from the foregoing reports that there are two prominent features which have an important bearing on the after-treatment of rectal excision. The first, and one that is common to nearly all cases, is the tendency to contraction, and the second that, in no fewer than three of the cases, there was a recurrence which was successfully treated by a second operation.

The contraction, which is so troublesome, can to a great extent be avoided by the proper treatment of the wound during the healing process. The contraction seldom commences till the third or fourth week, but will, if not prevented in the course of a few months, lead to almost complete closure of the outlet. This complication can in a great measure be prevented by introducing into the bowel a full sized rectal bougie an inch and five-sixteenths in diameter. This should be commenced at the end of a fortnight, and allowed to remain in for some hours daily for a month. The patient should then be directed to pass the bougie once daily for a year or even longer. The tendency to contraction seems gradually to disappear, and gives comparatively little trouble after the second year.—*British Medical Journal,* December 10, 1892.

GYNÆCOLOGICAL.

I. Supra-vaginal Amputation of the Cervix Uteri for Carcinoma. By F. BOWREMAN JESSET, F.R.C.S. (London). The author presents a report of the twenty-five cases tabulated below for the purpose of giving his support to the operation of supravaginal